

Ex. 38

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION



EEOC INQUIRY QUESTIONNAIRE

For Official Use Only – Inquiry Number:

Thank you for contacting the U.S. Equal Employment Opportunity Commission ("EEOC"). The information you give us on this Questionnaire will help us assist you and determine if your concerns are covered by the employment discrimination laws we enforce. Answer **all** questions completely and briefly. Please write clearly.

After completing this Questionnaire (Form 290A), **return it immediately** to the EEOC office identified in the cover letter to this Questionnaire, or to the receptionist if you are completing this Questionnaire in an EEOC office. Instead of completing this Inquiry Questionnaire, you can submit an inquiry online at <https://publicportal.eeoc.gov/portal/>.

Please note: This Questionnaire is not a Charge of Discrimination.

This Questionnaire is **not intended** for use by applicants for federal jobs or employees of the US government. For complaints of job discrimination in federal employment, see http://www.eeoc.gov/federal/fed_employees/complaint_overview.cfm.

Personal Information

Last Name: MARTINEZ First Name: Daniel MI: _____

Home Phone: _____ Cell: (____) _____ Email Address: _____

Street Address: _____ Apt.: _____

City: MANOR County: TRAVIS State: TX Zip Code: 78653

What is the best way to reach you? Cell/mail

What are the best days and times to reach you? ANY DAY/TIME

Do you need language assistance? Yes ☐ No ☒

If so, what do you need? NA

Date of Birth: 1/1 Sex: Male ☒ Female ☐

General information about you that will allow us to serve all individuals better:

i. Are you Hispanic or Latino? Yes ☒ No ☐

ii. Do you have a disability? Yes ☒ No ☐

iii. What is your race? Please choose all that apply: American Indian or Alaskan Native ☐ Asian ☐
White ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐

iv. What is your National Origin (country of origin or ancestry)? MEXICAN

Who can we contact if we are unable to reach you?

Name: Diana MARTINEZ Relationship: WIFE

Address: _____ City: MANOR State: TX Zip Code: 78653

Home Phone _____ Cell: (____) _____ Email Address: _____

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<p>What happened to you that you think was discriminatory and when did it happen?</p>	<p>EXAMPLES: I was denied an accommodation I needed to perform my job; I was fired because I was pregnant; I was laid off because of my age. State the date the action happened.</p> <p>Date: <u>12/18/2020</u> Action: <u>Hardship Transfer Denial</u> <u>Denied transfer, given option to demote, despite available vacancy</u></p> <p>Date: <u>9/28/2020</u> Action: <u>Passed over for Captain Promotion</u> <u>Harassed, Threatened For Protected Activity</u></p> <p>Name of Person(s) Responsible: <u>Chief Russo, Assistant Chief Graham, Et al.</u></p>
<p>What reason(s) were you given for this job action?</p>	<p>Reason(s) <u>I was told I had a "bonafide" hardship but due to previous work history in El Paso, I had to demote</u></p> <p>Who told you this? <u>Chief Russo, BO Alanis</u> His or Her Job Title: <u>Chief / Director</u></p>
<p>What is your job, previous job, or the job you applied for?</p>	<p>Date Hired: <u>10/15/2000</u> Job Title at Hire: <u>Lieutenant CID Capitol</u></p> <p>Annual Pay Rate When Hired: <u>\$89,074</u> Last or Current Annual Pay Rate: <u>\$99,074</u></p> <p>Job Title at Time of Alleged Discrimination: <u>Lieutenant</u></p> <p>Date Your Employment Ended: <u>Current</u> Select One: Quit <input type="checkbox"/> Discharged/Laid off <input type="checkbox"/></p> <p>Name and Title of your Immediate Supervisor: <u>Captain Mark Koenig</u></p> <p>Job Applicants - What was the title of the job you applied for: <u>Captain</u></p> <p>Date you applied: <u>7/30/2020</u> Date you found out you were not hired: <u>9/28/2020</u></p>
<p>Was another person in the same or similar situation treated the same, better, or worse than you? EXAMPLES: Who else applied for the same job? Who else had the same attendance record? Who else had the same performance appraisal?</p>	
<p>Who was treated BETTER than you?</p>	<p>1. Name: <u>Christopher B. Hanson</u> Job Title: <u>Lieutenant</u></p> <p>Check how they are different from you: Age <input type="checkbox"/> Color <input checked="" type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Race <input checked="" type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/></p> <p>How were they treated better? <u>Was favored by Capt. Koenig, received better work schedule, awards, promotion opportunities</u> Date: <u>2019-Present</u></p> <p>2. Name: <u>Tammy Leach</u> Job Title: <u>Lieutenant</u></p> <p>Check how they are different from you: Age <input type="checkbox"/> Color <input checked="" type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Race <input checked="" type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/></p> <p>How were they treated better? <u>Preferred by Captain Mark Koenig, better work schedule, preference on personnel, overtime transfer opportunities, pay</u> Date: <u>2019-Present</u></p>
<p>Who was treated WORSE than you?</p>	<p>Name: <u>Jari McPherson</u> Job Title: <u>Special Agent</u></p> <p>Check how they are different from you: Age <input type="checkbox"/> Color <input checked="" type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Race <input checked="" type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/></p> <p>How were they treated worse? <u>constantly scrutinized, denied waiver for travel policy, denied transfer, harassed by</u> Date: <u>2019-2020</u> <u>CO-Lieutenants and Capt.</u></p>

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<p>Who do you believe discriminated against you?</p>	<p>Employer <input checked="" type="checkbox"/> Union <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Organization <input type="checkbox"/></p> <p>Organization Name: <u>Texas Department of Public Safety (TX DPS)</u></p> <p>Street Address: <u>5805 North Lamar Blvd</u> Suite: _____</p> <p>City: <u>Austin</u> County: <u>Travis</u> State: <u>TX</u> Zip Code: <u>78752</u></p> <p>Name of Human Resources Director or Owner: <u>Valerie Brown, Chief</u></p> <p>Email Address: <u>Valerie.Brown@tx.dps.texas.gov</u> Phone number of organization: <u>(512) 424-5900</u></p> <p>How many employees (estimated) does the organization have at all locations? Please check one:</p> <p>Less than 15 <input type="checkbox"/> 15-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-500 <input type="checkbox"/> More than 500 <input checked="" type="checkbox"/></p> <p>Tell us where you work(ed), or applied to work, if it is different from the organization address above:</p> <p>Street Address: _____ Suite: _____</p> <p>City: _____ County: _____ State: _____ Zip Code: _____</p>
<p>Why do you think you were discriminated against?</p>	<p>I believe I was discriminated against because of:</p> <p><input type="checkbox"/> Age (40 or older) – Your age: _____</p> <p><input checked="" type="checkbox"/> Color – Your color: <u>Brown</u></p> <p><input type="checkbox"/> Disability – Circle all that relate to this inquiry:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> I have a disability <input type="radio"/> I had a disability in the past <input type="radio"/> I don't have a disability but I am treated as if I have a disability <input type="radio"/> I am closely related to or associated with a person with a disability <p>Your disability: <u>PTSD</u></p> <p>Is your employer aware of your disability? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, how? _____</p> <p><input type="checkbox"/> Genetic information, my family medical history, or my participation in genetic services like counseling, education or testing</p> <p><input checked="" type="checkbox"/> National origin – Your national origin: <u>Mexico</u></p> <p><input checked="" type="checkbox"/> Race – Your race: <u>White - Hispanic</u></p> <p><input type="checkbox"/> Religion – Your religion: _____</p> <p><input type="checkbox"/> Sex (including pregnancy, gender identity, or sexual orientation)</p> <p><input checked="" type="checkbox"/> Retaliation – Circle all that relate to this inquiry:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> I filed a charge of job discrimination about any of the above <input checked="" type="radio"/> I contacted a government agency to complain about job discrimination <input checked="" type="radio"/> I complained to my employer about job discrimination <input checked="" type="radio"/> I helped or was a witness in someone else's complaint about job discrimination <input type="radio"/> I requested an accommodation for my disability or religion <p><input type="checkbox"/> None of the above – Your basis for this inquiry: _____</p>

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Who was treated the SAME as you?	Name: <u>Brenda Helton</u> Job Title: <u>Administrative Assistant</u> Check how they are different from you: Age <input checked="" type="checkbox"/> Color <input type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> How were they treated the same? <u>Discriminated because of supporting me and harassed by employers.</u> Date: <u>Jan 2021</u>
Are there any witnesses to any of the job actions taken against you? If yes, please tell us what they will say.	1. Name: <u>Jari McPherson</u> Job Title: <u>Special Agent</u> Address: _____ Phone: <u>(254) 258-5193</u> What will they tell us? <u>His treatment by Capt. Mark Voeng and disparities towards our squad consisting of minorities</u> 2. Name: <u>Brenda Helton</u> Job Title: <u>Administrative Assistant</u> Address: _____ Phone: <u>(512) 481-4502</u> What will they tell us? <u>Her treatment by Co-Lieutenant in her treatment, harassment and retaliation.</u>
Have you already filed a charge on this matter with the EEOC?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes: Date you filed: _____ Charge Number: _____
Have you filed a complaint on this matter with another agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes: Agency name: _____ Date you filed: _____ Complaint Number: _____
Do you have someone representing you in this matter?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes: Attorney <input type="checkbox"/> Union <input type="checkbox"/> Other <input type="checkbox"/> Name: <u>Leonard Mungo</u> Date of Contact: <u>9/15/2021</u> Email address: <u>MUNGOL16@MSN.COM</u> Phone: <u>(313) 903-3303</u>
Privacy Act Statement	This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are: 1) EEOC INQUIRY QUESTIONNAIRE 290A, ISSUED Sept. 1, 2017. 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. § 12117(a). 3) PRINCIPAL PURPOSE. The purpose of this form is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge counseling, if appropriate. 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters. 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's assessment of your situation. It is not mandatory that this form be used to provide the requested information. EEOC Inquiry Questionnaire 290A, Issued Sept. 1, 2017.
Please note: You must file a charge of job discrimination within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located where a state or local government agency enforces laws similar to the EEOC's laws. If you would like to file a charge of discrimination immediately, contact the EEOC office closest to you. We recommend that you keep a copy of this Questionnaire and the Cover Letter for your records.	

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ATTACHMENT "A"

Danny Martinez

CLASS ALLEGATIONS:

I also file these charges because I believe that the TEXAS DEPARTMENT OF PUBLIC SAFETY (Agency) maintains a pattern or practice of discrimination against minorities and specifically African Americans and Hispanics by creating and maintaining a "Racially Hostile Environment" and Retaliation against African Americans, Hispanics and other Minorities/Protected Classes when those individuals report and or file formal and or informal complaints against the TEXAS DEPARTMENT OF PUBLIC SAFETY. I have been unlawfully discriminated against and victimized by the Agency by being subjected to "Racially Hostile Environment" Retaliated against for reporting unlawful discriminatory treatment. I believe there are similarly situated minorities, including but not limited to African Americans and Hispanics that have been unlawfully discriminated against and victimized by the TEXAS DEPARTMENT OF PUBLIC SAFETY by being subjected to "Racially Hostile Environment" Retaliated against for reporting same including being denied the opportunity for career enhancing assignments, promotions and denied reasonable accommodations. I file this charge on behalf of all of those individuals. The Agencies' policies that create and maintain said unlawful discriminatory work conditions for African Americans, Hispanics and other minorities/protected classes is neither job-related nor consistent with business necessity and adversely impacts African Americans, Hispanics and other minorities/protected classes.



Robert S. Notzon <robertsnotzon@gmail.com>

EEOC INTAKE AND DISCRIMINATION COMPLAINT FORM

Case Action <caseaction@mungoatlaw.com>

Mon, Oct 4, 2021 at 3:10 PM

To: "dscenice@gmail.com" <dscenice@gmail.com>, "robert@notzonlaw.com" <robert@notzonlaw.com>, "mschulman@schulmanlaw.com" <mschulman@schulmanlaw.com>, "jschulman@schulmanlaw.com" <jschulman@schulmanlaw.com>

Cc: Brandyn Mungo <bmungo@mungoatlaw.com>, Nathan Mungo <NMungo@mungoatlaw.com>

FYI.

L. Mungo

From: KELLY ROBINSON <KELLY.ROBINSON@EEOC.GOV>

Sent: Monday, October 4, 2021 3:53 PM

To: Dallas Intake <dallasintake@eeoc.gov>

Cc: Case Action <caseaction@mungoatlaw.com>

Subject: FW: EEOC INTAKE AND DISCRIMINATION COMPLAINT FORM

Mr. Mungo,

I will forward this document to the Dallas Intake department for processing. For future inquiries, it is best to use the electronic Portal since we are all working remotely and do not have access to the mail normally. Through the Portal the Charging Party can sign the charge electronically and it is immediately served to the Respondent. It also allows the Charging Party to make an appointment to speak to an investigator about their complaint.

Thank you.

Kelly Robinson, MBA
Investigator
(972) 918-3609

EEOC implemented 100% Agency-Wide Telework on March 17, 2020. Limited staff is available to process mail, I encourage you to use email as your primary method of communication with me during this period.

From: Case Action <caseaction@mungoatlaw.com>

received from us may be protected by the attorney-client privilege, as attorney work-product or by virtue of other privileges or provisions of law. If you are not an intended recipient, please do not read, copy, use, forward, or disclose any such communications or attachments to others; immediately notify the sender by reply email; and delete the email and the reply from your system. Any unauthorized disclosure, copying, distribution, or use of emails from us or any attachments thereto is prohibited.

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